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CLAYTON COUNTY BOARD OF COMMISSIONERS ENROLLMENT FORM

Information About You (Please Print)

Name:	Employee ID Number:
Date of Birth:	Date of Hire:
Salary:	Department:

Instructions

Please enter all required information clearly so that there will be no question as to your meaning.

- Step 1:** Please enter or check your coverage elections and details. You may only elect – and will be covered for – levels of coverage included in your employer's contract.
- Step 2:** Please sign, date and return this form to the Risk Management Office.

The following costs should be calculated based on your age and annual salary as of the effective date.

Voluntary Long Term Disability (LTD) Insurance

You have the opportunity to enroll in Clayton County Board of Commissioners' Voluntary Long Term Disability (LTD) insurance plan. LTD insurance helps to replace your income if you are sick or injured and cannot work and is designed to begin after you have been disabled for a predetermined waiting period, known as the elimination period, of 90 days. This plan provides you with income protection to replace up to 40%, 50% or 60% of your regular pay, to a maximum monthly benefit of \$1,000 or \$5,000.

Use the rate chart and calculation line below to determine your cost per pay period (24 pay periods per year).

Age	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Rate	\$0.0010	\$0.0010	\$0.0019	\$0.0031	\$0.00495	\$0.00715	\$0.0095	\$0.01195	\$0.0129	\$0.01625	\$0.01625

Option 1 – 40%, 50% & 60% Benefit Max \$5,000 - You can make only one election.

☐ I elect to enroll in the Voluntary LTD plan at **40%** of the **Benefit Max \$5,000** at the cost per pay period below (24 pay periods per year).

$$\begin{array}{ccccccc} \text{Monthly Salary} & \times & \text{Benefit Percentage} & = & \text{This is your Maximum Monthly Benefit. Please Do Not exceed the maximum amount of \$5,000} & \times & \text{Rate Above} & = & \text{Your cost per pay period (24 pay periods per year)} \end{array}$$

☐ I elect to enroll in the Voluntary LTD plan at **50%** of the **Benefit Max \$5,000** at the cost per pay period below (24 pay periods per year).

$$\begin{array}{ccccccc} \text{Monthly Salary} & \times & \text{Benefit Percentage} & = & \text{This is your Maximum Monthly Benefit. Please Do Not exceed the maximum amount of \$5,000} & \times & \text{Rate Above} & = & \text{Your cost per pay period (24 pay periods per year)} \end{array}$$

☐ I elect to enroll in the Voluntary LTD plan at **60%** of the **Benefit Max \$5,000** at the cost per pay period below (24 pay periods per year).

$$\begin{array}{ccccccc} \text{Monthly Salary} & \times & \text{Benefit Percentage} & = & \text{This is your Maximum Monthly Benefit. Please Do Not exceed the maximum amount of \$5,000} & \times & \text{Rate Above} & = & \text{Your cost per pay period (24 pay periods per year)} \end{array}$$

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including issuing companies Hartford Life Insurance Company and Hartford Life and Accident Insurance Company. Policies sold in New York are underwritten by Hartford Life Insurance Company. Home Office of both companies: Simsbury CT. All benefits are subject to the terms and conditions of the policy. Policies underwritten by the issuing companies listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued.

Important Details

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The following is an overview of your Long-Term Disability Insurance. Once a group policy is issued to your employer, a certificate of insurance will be available to explain your coverage in detail.

Exclusions: You cannot receive Long-Term Disability benefit payments for disabilities that are caused or contributed to by:

- War or act of war (declared or not)
- The commission of, or attempt to commit a felony
- An intentionally self-inflicted injury
- Any case where your being engaged in an illegal occupation was a contributing cause to your disability

You must be under the regular care of a physician to receive benefits.

Mental Illness, Alcoholism and Substance Abuse:

- You can receive benefit payments for Long-Term Disabilities resulting from mental illness, alcoholism and substance abuse for a total of 24 months for all disability periods during your lifetime.
- Any period of time that you are confined in a hospital or other facility licensed to provide medical care for mental illness, alcoholism and substance abuse does not count toward the 24 month lifetime limit.

Pre-existing Conditions: Your insurance limits the benefits you can receive for pre-existing conditions. In general, if you were diagnosed or received care for a condition before the effective date of your policy, you will be covered for a disability due to that condition only if:

- You have not received treatment for your condition for the length of time specified in the contract before the effective date of your insurance, or
- You have been insured under this coverage for length of time specified in the contract prior to your disability commencing, so you can receive benefits even if you're receiving treatment, or

For example, if you currently take prescription drugs for a heart condition, you would be insured for a disability caused by your heart condition if you went treatment free for 6 months from your effective date, or, you would be insured for a disability caused by your heart condition after you have been insured under the policy for 12 months.

Your benefit payments **will be reduced** by other income you receive or are eligible to receive due to your disability, such as:

- Social Security Disability Insurance (please see next section for exceptions)
- Workers' Compensation
- Other employer-based Insurance coverage you may have
- Unemployment benefits
- Settlements or judgments for income loss
- Retirement benefits that your employer fully or partially pays for (such as a pension plan.)

Your benefit payments **will not be reduced** by certain kinds of other income, such as:

- Retirement benefits if you were already receiving them before you became disabled
- Retirement benefits that are funded by your after-tax contributions
- The portion of your Long-Term Disability payment that you place in an IRS-approved account to fund your future retirement.
- Your personal savings, investments, IRAs or Keoghs
- Profit-sharing
- Most personal disability policies
- Social Security increases

This Benefit Highlights Sheet is an overview of the Voluntary Long-Term Disability Insurance being offered and is provided for illustrative purposes only and is not a contract. It in no way changes or affects the policy as actually issued. Only the Insurance policy issued to the policyholder (your employer) can fully describe all of the provisions, terms, conditions, limitations and exclusions of your Insurance coverage. In the event of any difference between the Benefit Highlights Sheet and the Insurance policy, the terms of the Insurance policy apply.

Underwritten by:
Hartford Life and Accident Insurance Company
200 Hopmeadow Street, Simsbury, CT 06089

For questions regarding this coverage, please contact Alexander & Co. during regular business hours (8:30 am-5:00 pm EST). The toll-free number is: 877-817-5622.

* The Hartford® is Hartford Financial Services Group, Inc. and its subsidiaries, including issuing companies Hartford Life and Accident Insurance Company, Hartford Insurance Company and Hartford Fire Insurance Company.

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INCOME PROTECTION FROM THE HARTFORD

Clayton County Board of Commissioners

Voluntary Long-Term Disability Benefit Highlights

What is Long-Term Disability Insurance?	<p>Voluntary Long-Term Disability Insurance pays you a portion of your earnings if you cannot work because of a disabling illness or injury.</p> <p>This highlight sheet is an overview of your Voluntary Long-Term Disability Insurance. Once a group policy is issued to your employer, a certificate of insurance will be available to explain your coverage in detail.</p>
What is disability?	<p>Disability is defined in The Hartford's* contract with your employer. Typically, disability means that you cannot perform one or more of the essential duties of your occupation due to injury, sickness, pregnancy or other medical condition covered by the insurance, and as a result, your current monthly earnings are 80% or less than your pre-disability earnings. Once you have been disabled for 36 months, you must be prevented from performing one or more of the essential duties of Any Occupation.</p> <p>Any Occupation means any occupation for which You are qualified by education, training or experience, and that has an earnings potential greater than the lesser of:</p> <ol style="list-style-type: none"> 1. 80% of Your Indexed Pre-Disability Earnings; or 2. the Maximum Monthly Benefit
Am I eligible?	You are eligible if you are an active full-time employee who works at least 40 hours per week on a regularly scheduled basis.
How much coverage would I have?	<p>You may purchase coverage that pays you a benefit of 40%, 50% or 60% of your earnings. The maximum covered benefit is either \$1,000 or \$5,000 per month. This plan includes a minimum benefit of \$100 per month.</p> <p>Earnings are defined as in The Hartford's contract with your employer.</p>
When is it effective?	Annual Enrollment for this coverage will become effective June 1 of the plan year. New Hires will be covered after 90 days from the Date of Hire. Coverage goes into effect subject to the terms and conditions of the policy.
How long do I have to wait before I can receive my benefit?	You must be disabled for at least 90 days before you are eligible to receive a Voluntary Long-Term Disability benefit payment.
Do I have to provide medical information to receive coverage?	<p>If you purchase coverage more than 31 days after your first day of eligibility, you will be considered a "late entrant" and must provide evidence of insurability and be approved by The Hartford to receive coverage. You may need to complete a <i>Personal Health Application</i>. These are available from The Hartford or your employer.</p> <p>This coverage is provided without requiring evidence of good health.</p>
Can the duration or amount of my benefit be reduced?	Yes. Your benefit duration may be reduced once you reach certain ages specified in The Hartford's contract with your employer. In addition, as described below within the Important Details, your monthly Long-Term benefit may be reduced by other income you receive.
How long will my disability payments continue?	Until you reach your Social Security Normal Retirement Age (as stated in the 1983 revision of the United States Social Security Act.), whichever is sooner. If your disability occurs at age 65 or above, your payments may be reduced.

For questions regarding this coverage, please contact Alexander & Co. during regular business hours (8:30 am-5:00 pm EST). The toll-free number is: 877-817-5622.

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Option 2 - 40%, 50% & 60% Benefit Max \$1,000 - You can make only one election.

☐ I elect to enroll in the Voluntary LTD plan at **40%** of the **Benefit Max \$1,000** at the cost per pay period below (24 pay periods per year).

$$\begin{array}{ccccccc} \text{Monthly Salary} & \times & \frac{.40}{\text{Benefit Percentage}} & = & \text{This is your Maximum Monthly Benefit. Please Do Not exceed the maximum amount of \$1,000} & \times & \frac{\text{Rate Above}}{\text{Rate Above}} = \text{Your cost per pay period (24 pay periods per year)} \end{array}$$

☐ I elect to enroll in the Voluntary LTD plan at **50%** of the **Benefit Max \$1,000** at the cost per pay period below (24 pay periods per year).

$$\begin{array}{ccccccc} \text{Monthly Salary} & \times & \frac{.50}{\text{Benefit Percentage}} & = & \text{This is your Maximum Monthly Benefit. Please Do Not exceed the maximum amount of \$1,000} & \times & \frac{\text{Rate Above}}{\text{Rate Above}} = \text{Your cost per pay period (24 pay periods per year)} \end{array}$$

☐ I elect to enroll in the Voluntary LTD plan at **60%** of the **Benefit Max \$1,000** at the cost per pay period below (24 pay periods per year).

$$\begin{array}{ccccccc} \text{Monthly Salary} & \times & \frac{.60}{\text{Benefit Percentage}} & = & \text{This is your Maximum Monthly Benefit. Please Do Not exceed the maximum amount of \$1,000} & \times & \frac{\text{Rate Above}}{\text{Rate Above}} = \text{Your cost per pay period (24 pay periods per year)} \end{array}$$

☐ I elect to **decline** the Voluntary LTD plan.

Your cost may change on your plan anniversary.

Employee Confirmation

I acknowledge that I have been given the opportunity to enroll in the insurance coverage described in the Benefit Highlight Sheets and offered through Clayton County Board of Commissioners.

I understand and agree that if I decline coverage now, but later decide to enroll, I will be required to provide evidence of insurability that is satisfactory to The Hartford and be approved for such coverage before it becomes effective. I understand my request for coverage may be denied by The Hartford.

I understand and agree that insurance will go into effect and remain in effect only in accordance with the provisions, terms and conditions of the insurance policy. I understand and agree that only the insurance policy issued to the policyholder (your employer) can fully describe the provisions, terms, conditions, limitations and exclusions of your insurance coverage. In the event of any difference between the enrollment form and the insurance policy, I agree to be bound by the insurance policy.

If I have disability income coverage with The Hartford, I understand and agree that the maximum duration benefits are payable will be limited to a specified period starting at a specified age and that a claim for benefits may not be approved for a pre-existing condition.

I authorize my employer to make the appropriate payroll deductions from my earnings.

I understand that no insurance will be valid or in force if I am not eligible in accordance with the terms of the group policy as issued to my employer. I acknowledge and agree that if group participation requirements are not met, this policy will not be implemented and the coverage I have elected will not be in force.

Signed _____ Date _____